

RETURN FORM

Personal Info

Name: _____

Last Name: _____

Phone: _____

Address: _____

Email: _____

Order Info

Invoice No. _____

Date (when you received the package) _____

Return Info

Reason for return (please specify the reason for returning your order):

I want:

Refund

Product replacement

Replacement product (size, color, quantity)

Other Mentions (if you request a refund, specify the bank account details) _____

Account Holder's Name: _____

Account Number: _____

Bank Name: _____

Bank Address: _____

SWIFT/BIC code: _____

Date

Signature

Ship returns to: SC Daring Trash SRL
Maramuresului St. no.90, ap.31 400246 CLUJ NAPOCA /ROMANIA
Phone: (+40)741-945.743